



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: HS E-07.1	Subject: Non-Emergent Mental Health Care Requests
Effective Date: May 6, 2013	Page 1 of 4 and no attachments
Signature / Title: /s/ Tricia Ayers-Weiss, CSD Mental Health Bureau Chief	
Signature / Title: /s/ Medical Director	
Signature / Title: /s/	

I. Purpose:

To maintain a system that provides inmates the ability to request mental health care for mental health complaints on a daily basis. This procedure also provides an organized system for the collection, triage, treatment, and referral of inmate mental health requests by mental health staff and guidelines for the treating clinician's clinic practices.

II. Definitions:

Emergency - a condition that would result in serious physical or psychological harm to someone, or would constitute a threat to the safe, secure operation of MSP.

Clinical Setting – refers to an examination or treatment room appropriately supplied and equipped to address the patient’s mental health care needs and to provide privacy and confidentiality.

Daily – means 7 days a week including holidays.

Mental Health Request form (MHR) – the form available to all inmates to initiate access to mental health care services. Also referred to in prison slang as a “kite”.

Mental Health Services – the use of psychosocial and pharmacological individual or group therapies, including biological, psychological, and social, to alleviate symptoms, attain appropriate functioning, prevent relapse, and help the patient to develop and pursue their personal recovery plan.

Mental Health Staff – includes qualified health care professionals and others who have received special instruction and supervision in identifying and interacting with individuals who need mental health services, e.g., Mental Health Technician (MHT).

Qualified Mental Health Professionals – includes psychiatrists, psychologists, psychiatric social workers, licensed professional counselors, psychiatric nurses, or others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

Triage - the sorting and classifying of inmates’ mental health requests to determine priority of need and the proper place for mental health care to be rendered.

III. Procedures:

A. General

1. All inmates, regardless of housing assignment, have access to scheduled mental health appointments
2. Inmates are expected to initiate access to mental health care services by submitting a Mental Health Request form (MHR) available from housing unit staff.

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- a. This form is available to all inmates in the housing units (including MDIU and WRC) and/or from staff.
 - b. Completed forms are confidential mental health documents used to assess the priority of the request (triage) and to access the appropriate staff clinician or provider.
 - c. Each unit has a clearly marked, locked box designated for depositing completed MHR's by the inmate.
 - d. All mental health kite boxes will be locked at all times. Only mental health staff have possession of the kite box keys.
 - e. In the locked housing units (LHU-I and LHU-II) unit staff will pass out blank MHR forms and collect completed MHR's from the inmates at their cells. The staff member will deposit completed MHRs in the locked mental health kite boxes in those units.
 - d. Mental health staff will collect MHR forms daily from the housing unit mental health boxes.
 - e. If an inmate is unable or refuses to complete a MHR form, mental health staff shall complete the form on behalf of the inmate, reporting the complaint and documenting the reason the inmate did not personally complete the form. In this instance, the MHR form must be signed and dated by the mental health staff member completing the form.
 - f. Inmates may always access emergency care by making their needs known to custody staff or mental health staff, and inmates having mental health emergencies shall receive mental health services without having to submit an MHR.
 - g. No staff member will intercept, stop, destroy, delay or otherwise attempt to interfere with an inmate using an MHR to communicate with mental health staff.
2. Mental Health Technicians (MHT's) and/or unlicensed mental health staff who collect MHR's will not make mental health assessments that exceed their scope of training or department policies or procedures.
 3. All mental health staff will ensure that communication with inmate patients occurs in private whenever possible. When cell-side triage is required in locked housing or other situations, mental health staff will take precautions to promote private communication between staff and inmates, and instruct security staff in confidentiality.

B. Processing Mental Health Care Request Forms

1. MHR's will be collected daily by mental health staff
2. Mental health staff will triage each MHR as soon as possible, but no greater than 24 hours, after receiving the request
3. Mental health staff will determine the necessary course of action needed for each MHR by referencing the Mental Health Assessment Protocol to gather information indicating the extend and severity of the inmate's request. and shall document their name and date received on the MHR as well as checking off the appropriate box that determines the MHR's destination

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4. Mental health staff will log all MHR's on a designated electronic log daily.
 - a. Two MHR logs exist: one for all units and one for MDIU.
 - b. MHR log entries must include the following information:
date on MHR, date received, inmates name, ID/AO number, housing unit, presenting request or complaint, and the staff person to whom the MHR was assigned for response
5. Mental health staff will place the triaged MHR's in the appropriate mental health staff member's mailbox for response
6. MHR's indicating mental health symptoms will require a face to face evaluation by a mental health staff within 24 hours to determine the severity of those symptoms
7. After response and/or follow up regarding the MHR is complete, mental health staff will document the date of response or follow up appointment and the final disposition of the MHR.
8. MHR's indicating a mental health emergency or a safety and/or security issue will receive immediate attention
 - a. Mental health staff will perform an Emergency Questionnaire immediately (see MSP 4.5.100, attachment B, Montana State Prison Emergency Interview Questionnaire).
 - b. Mental health staff will call the Shift Commander and the on-call emergency mental health clinician and inform them of the emergency or safety and/or security concern
9. If it is determined that the inmate writing the MHR does require a referral for additional assessment, the original white copy of the MHR will be filed in the mental health file.
10. Inmates that communicate with mental health staff with cards, notes, or letters will be informed to use the MHR system. The cards, notes, and letters will be returned to the inmate unopened

C. Responding to Mental Health Requests

1. Inmates whose request describes a clinical symptom are scheduled to be seen in a clinical setting by a qualified mental health professional in a timely manner - *24 hours for emergency issues* or *7 days for routine services*, according to clinical priorities as determined by the Mental Health Services Manager and/or on call qualified mental health professional (outside of regularly scheduled work hours)
 - a. Qualified mental health professionals receiving a referral for further assessment will provide a scheduled day and time to meet with the inmate.
 - b. The qualified mental health professional will write a mental health contact (SOAP or DAP) note upon seeing an inmate. The original white copy of the MHR and the contact note will be filed in the mental health file.
 - b. Qualified mental health professionals will refer the inmate to the psychiatric provider when indicated

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- c. Referrals to the psychiatric provider are sent to the Mental Health Registered Nurse for triage
- d. Triage of psychiatric referrals are based on clinical priorities
- e. The Mental Health Registered Nurse coordinates the day and time of psychiatric appointment by providing an appointment triage list to the designated mental health staff who is responsible for scheduling psychiatric clinic appointments
- f. Psychiatric clinics are held on a regular basis for inmates on all units
- f. MHR's that only address psychiatric medicines will be filed in the medical file, however, staff will go back to the MHR log and fill in the date that the inmate was seen if applicable and the final disposition of the MHR.
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IV. References: (standards, manuals, etc.)

- A. NCCHC Standard MH-A-01: Access to Care
- B. NCCHC Standard MH-E-05: Nonemergency Mental Health Care Requests and Services
- C. DOC policy 4.5.16, Offender Non-Emergency Health Requests
- D. MSP Operational Procedure 3.3.5, Inmate/Staff Communication Method